

Quality Improvement Program

- A. The Mental Health Plan (MHP) will have a written Quality Improvement (QI) Program Description, in which structure and processes are clearly defined with responsibility assigned to appropriate individuals. The following elements will be included in the QI Program Description:
- The QI Program Description will be evaluated annually and updated as necessary
 - The QI Program will be accountable to the MHP Director.
 - A licensed mental health staff person will have substantial involvement in QI Program implementation.
 - The MHP's practitioners, providers, consumers and family members will actively participate in the planning, design and execution of the QI Program.
 - The role, structure, function and frequency of meetings of the QI Committee and other relevant committees will be specified.
 - The QI Committee will oversee and be involved in QI activities
 - The QI Committee will recommend policy decisions; review and evaluate the results of QI activities; institute needed QI actions; and ensure follow-up of QI processes
 - Dated and signed minutes will reflect all QI Committee decisions and actions
 - The QI Program will coordinate with performance monitoring activities throughout the MHP, but not limited to, client and system outcomes, utilization management, credentialing, monitoring and resolution of beneficiary grievances and fair hearings and provider appeals, assessment of beneficiary and provider satisfaction, and clinical records review
 - Contracts with hospitals and with individual, group and organizational providers will require:
 - cooperation with the MHP's QI Program, and
 - access to relevant clinical records to the extent permitted by State and Federal laws by the MHP and other relevant parties.
- B. The QI Program will have an Annual QI Work Plan including the following:
- An annual evaluation of the overall effectiveness of the QI Program, demonstrating that QI activities have contributed to meaningful improvement in clinical care and beneficiary service, and describing completed and in-process QI activities:
 - Monitoring of previously identified issues, including tracking of issues over time; and
 - Objectives, scope, and planned activities for the coming year, including QI activities in each of the following areas:
 1. Monitoring the service delivery capacity of the MHP:
 - The MHP will implement mechanisms to assure the capacity of service delivery within the MHP
 - The MHP will describe the current number, types and geographic distribution of mental health services within its delivery system.
 - The MHP will set goals for the number, type, and geographic distribution of mental health services
 2. Monitoring the accessibility of services:

- In addition to meeting Statewide standards, the MHP will set goals for:
 - a. Timelines of routine mental health appointments;
 - b. Timeliness of services for urgent conditions;
 - c. Access to after-hours care; and
 - d. Responsiveness of the MHP's 24 hour, toll free telephone number.
- The MHP will establish mechanisms to monitor the accessibility of mental health services, services for urgent conditions and the 24 hour, toll free telephone number
- 3. Monitoring beneficiary satisfaction
 - The MHP will implement mechanisms to ensure beneficiary or family satisfaction.
 - The MHP will assess beneficiary or family satisfaction by:
 - surveying beneficiary/family satisfaction with the MHP's services at least annually
 - evaluating beneficiary grievances and fair hearings at least annually; and
 - evaluating requests to change persons providing services at least annually
 - The MHP will inform providers of the results of beneficiary/family satisfaction activities
- 4. Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including the safety and effectiveness of medication practices.
 - The scope and content of the QI Program will reflect the MHP's delivery system and meaningful clinical issues that affect its beneficiaries.
 - Annually the MHP will identify meaningful clinical issues that are relevant to its beneficiaries for assessment and evaluation.
 - These clinical issues will include a review of the safety and effectiveness of medication practices. The review will be under the supervision of a person licensed to prescribe or dispense prescription drugs
 - In addition to medication practices, other clinical issue(s) will be identified by the MHP.
 - The MHP will implement appropriate interventions when individual occurrences of potential poor quality are identified
 - At a minimum the MHP will adopt or establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement
 - Providers, consumers and family members will evaluate the analyzed data to identify barriers to improvement that are related to clinical practice and/or administrative aspects of the delivery system
- 5. Monitoring continuity and coordination of care with physical health care providers and other human services agencies
 - The MHP will work to ensure that services are coordinated with physical health care and other agencies used by its beneficiaries
 - When appropriate, the MHP will exchange information in an effective and timely manner with other agencies used by its beneficiaries
 - The MHP will monitor the effectiveness of its MOU with Physical Health Care Plans
- 6. Monitoring provider appeals

The following process will be followed for each of the QI work plan activities #1 - 6 identified above, to ensure the MHP monitoring the implementation of the QI Program. The MHP will follow the steps below for each of the QI activities:

1. collect and analyze data to measure against the goals, or prioritized areas of improvement that have been identified
2. identify opportunities for improvement and decide which opportunities to pursue
3. design and implement interventions to improve its performance
4. measure the effectiveness of the interventions

C. If the MHP delegates any QI activities, there will be evidence of oversight of the delegated activity by the MHP

- A written mutually agreed upon document will describe:
 - the responsibilities of the MHP and the delegated entity
 - the delegated activities
 - the frequency of reporting to the MHP
 - the process by which the MHP will evaluate the delegated entity's performance, and
 - the remedies, including revocation of the delegation, available to the MHP if the delegated entity does not fulfill its obligations
- Documentation will verify that the MHP:
 - evaluated the delegated entity's capacity to perform the delegated activities prior to delegation
 - approves the delegated entity's QI Program annually or as defined by contract terms
 - evaluates annually whether the delegated activities are being conducted in accordance with State and MHP Standards; and
 - has prioritized and addressed with the delegated entity those opportunities identified for improvement

Utilization Management Program

1. The MHP will have a written description of the Utilization Management (UM) program, in which structures and processes are clearly defined with responsibility assigned to appropriate individuals. The following elements will be included in the written UM program description:
 - a) Licensed mental health staff will have substantial involvement in UM program implementation.
 - b) A description of the authorization processes used by the MHP:
 - i) Authorization decisions will be made by licensed or “waivered/registered” mental health staff consistent with State regulations.
 - ii) Relevant clinical information will be obtained and used for authorization decisions. There will be a written description of the information that is collected to support authorization decision making.
 - iii) The MHP will use the statewide medical necessity criteria to make authorization decisions.
 - iv) The MHP will clearly document and communicate the reasons for each denial.
 - v) The MHP will send written notification to its beneficiaries and providers of the reason for each denial.
 - c) The MHP will provide the statewide medical necessity criteria to its providers, consumers, family members and others upon request.
 - d) Authorization decisions will be made in accordance with the statewide timeliness standards for authorization of services for urgent conditions established in state regulation.
 - e) The MHP will monitor the UM program to ensure it meets the established standards for authorization decision making, and take action to improve performance if it does not meet the established standards.
 - f) The MHP will include information about the beneficiary grievance and fair hearing processes in all denial or modification notifications sent to the beneficiary.
2. The MHP will evaluate the UM program as follows:
 - a) The UM program will be reviewed annually by the MHP, including a review of the consistency of the authorization process.
 - b) If an authorization unit is used to authorize services, at least every two years, the MHP will gather information from beneficiaries and providers regarding their satisfaction with the UM program, and address identified sources of dissatisfaction.
3. If the MHP delegates any UM activities, there will be evidence of oversight of the delegated activity by the MHP.
 - a) A written mutually agreed upon document will describe:
 - i) The responsibilities of the MHP and the delegated entity
 - ii) The delegated activities
 - iii) The frequency of reporting to the MHP
 - iv) The process by which the MHP evaluates the delegated entity’s performance, and
 - v) The remedies, including revocation of the delegation, available to the MHP if the delegated entity does not fulfill its obligations.
 - b) Documentation will verify that the MHP:
 - i) Evaluated the delegated entity’s capacity to perform the delegated activities prior to delegation

- ii) Approves the delegated entity's UM program annually
- iii) Evaluates annually whether the delegated activities are being conducted in accordance with the State and MHP standards, and
- iv) Has prioritized and addressed with the delegated entity those opportunities identified for improvement.

Documentation Standards For Client Records

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; however, there is no requirement that the record have a specific document or section addressing these topics.

A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.

- Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
- Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
- Documentation will describe client strengths in achieving client plan goals.
- Special status situations that present a risk to client or others will be prominently documented and updated as appropriate.
- Documentation will include medications that have been prescribed by mental health plan physicians, dosages of each medication, dates of initial prescriptions and refills, and documentation of informed consent for medications.
- Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
- A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultation reports.
- For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
- Documentation will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the counter drugs.
- A relevant mental status examination will be documented.
- A five axis diagnosis from the most current DSM, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history, mental status evaluation and /or other assessment data.

2. Timeliness/Frequency Standard for Assessment

- The MHP will establish standards for timeliness and frequency for the above mentioned elements.

B. Client Plans

1. Client Plans will:

- have specific observable and/or specific quantifiable goals
- identify the proposed type(s) of intervention

- have a proposed duration of intervention(s)
- be signed (or electronic equivalent) by :
 - the person providing the service(s), or
 - a person representing a team or program providing services, or
 - a person representing the MHP providing services
- when the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved category,
 - a physician
 - a licensed/"waivered" psychologist
 - a licensed/registered/waivered social worker
 - a licensed/registered/waivered marriage and family therapist or
 - a registered nurse
- In addition,
 - client plans will be consistent with the diagnoses, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.
 - client signature on the plan will be used as the means by which the MHP documents the participation of the client
 - when the client is a long term client as defined by the MHP, and
 - the client is receiving more than one type of service from the MHP
 - when the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
 - the MHP will give a copy of the client plan to the client on request.

2. Timeliness/Frequency of Client Plan:

- Will be updated at least annually.
- The MHP will establish standards for timeliness and frequency for the individual elements of the client plan described in item 1.

C. Progress Notes

1. Items that must be contained in the client record related to the client's progress in treatment include:

- The client record will provide timely documentation of relevant aspects of client care
- Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions

- All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable
- All entries will include the date services were provided
- The record will be legible
- The client record will document referrals to community resources and other agencies, when appropriate
- The client record will document follow-up care, or as appropriate, a discharge summary

2. Timeliness/Frequency of Progress Notes:

Progress notes will be documented at the frequency by type of service indicated below:

a. Every Service Contact

- Mental Health Services
- Medical Support Services
- Crisis Intervention

b. Daily

- Crisis Residential
- Crisis Stabilization (1x/23hr)
- Day Treatment Intensive, effective September 1, 2003

c. Weekly

- Day Treatment Intensive effective July 1, 2003 through August 31, 2003
- Effective September 1, 2003, Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service.
- Day Rehabilitation
- Adult Residential

d. Other

- Psychiatric health facility services: notes on each shift
- Targeted Case Management: every service contact, daily, or weekly summary
- As determined by the MHP for other services.

Provider Certification by the Contractor or the Department

As a part of the organizational provider certification requirements in Exhibit A, Attachment 1, Section K, and Exhibit E, Section 5, Item E, the Contractor and the Department respectively will verify, through an on-site review if required by those sections or if determined necessary by the Contractor or the Department respectively, that:

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets the requirements of the Contractor pursuant to Article V, Section G, and applicable state and federal standards.
7. The organizational provider has staffing adequate to allow the Contractor to claim federal financial participation for the services the organizational provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
9. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
10. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.

- C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.
 - D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
11. For organizational providers that provide day treatment intensive or day rehabilitation, the provider has a written description of the day treatment intensive and/or day rehabilitation program that complies with Exhibit A, Attachment 1, Section DD, paragraphs . This requirement applies to new providers beginning September 1, 2003 and providers being recertified on or after March 1, 2004.

On-site review is not required for hospital outpatient hospital departments, which are operating under the license of the hospital. Services provided by hospital outpatient departments may be provided either on the premises or off site.

On-site review is not required for primary care and psychological clinics licensed under Division 2, Chapter 1 of the Health and Safety Code. Services provided by the clinics may be provided either on the premises or off site in accordance with the conditions of their license.

When an on site review of an organizational provider would not otherwise be required and the provider provides day treatment intensive and/or day rehabilitation, the Contractor or the Department, as applicable, shall, at a minimum, review the provider's written program description for compliance with the requirements of Exhibit A, Attachment 1, Sections Y, paragraph 1. The Contractor must complete this review for new organizational providers for which on-site review is not required beginning September 1, 2003 and for any other organizational providers for which on-site review is not required by June 30, 2004.

When on site review of an organizational provider is required, the Contractor or the Department, as applicable, shall conduct an on-site review at least once every two years. Additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion, if:

- a) The provider makes major staffing changes.
- b) The provider makes organizational and/or corporate structure changes (example: conversion from non-profit status.)

- c) The provider adds day treatment or medication support services when medications will be administered or dispensed from the provider site.
- d) There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
- e) There is a change of ownership or location.
- f) There are complaints regarding the provider.
- g) There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.